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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/588,334			ing Date 03/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	IUMBER FIL	LED NL	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A]	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =]	x \$ =]	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ets of pape 250 (\$125 tional 50 s	ngs exceed 100 ion size fee due i) for each on thereof, See 7 CFR 1.16(s).							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
	APPI	LICATION AS	OED - PART I	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT	03/12/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ğΙ	Total (37 CFR 1.16(i))	* 36	Minus	** 36	= 0]	x \$ =		OR	X \$50=	0
뷡	Independent (37 CFR 1.16(h))	• 4	Minus	···4	= 0]	x \$ =		OR	X \$210=	0
Ĭ,	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,18(i))		Minus	**	=]	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	:]	x \$ =		OR	x s =	
E I	Application Size Fee (37 CFR 1.16(s))]]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR		
						-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. This recollection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.